

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

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 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185402	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2010
NAME OF PROVIDER OR SUPPLIER MEDCO CENTER OF HENDERSON			STREET ADDRESS, CITY, STATE, ZIP CODE 2500 NORTH ELM ST. HENDERSON, KY 42420		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 431	Continued From page 2 A review of the facility policy entitled Medication Administration, dated January 2001 with revision dates of October 2008 and July 2010, revealed under the procedure section of the policy, the following: The medication cart was to be locked before entering resident rooms to prevent accidental ingestion of medication and diversion of medication. This procedure guideline was followed with a notation that the medication cart was to never be left open and unattended.	F 431	4. Education Training Director, Assistant Director of Nursing, Director of Nursing will monitor medication carts 3 x week x 12 weeks to assure medication carts remain locked when not in use. The Quality Assurance Committee will review monthly to ensure compliance.		